## Permit Application for operating mobile home/RV park Mobile Home Park name: Address of MH Park: \_\_\_\_\_ Phone: \_\_\_\_\_ Clewiston, Florida 33440 Mobile Home Park owner name: \_\_\_\_\_ Phone: Mailing address: State: \_\_\_\_ Zip: \_\_\_\_ Mobile Home Park manager name: \_\_\_\_\_\_ Phone:\_\_\_\_\_ Mailing address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_ Park Information City of Clewiston Local Business Tax Receipt #: \_\_\_\_ Total number of lots in park: Mobile home lots RV lots Current number vacant: Mobile home lots RV lots Must submit with application: 1. Copy of Hendry County Health Department permit for operating park 2. Site plan showing, but not limited to: • Lot number • Size of lot • Make & model of home (include year if available) • Tag number I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this topic will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating operation of mobile home parks. Signature of Owner or Authorized Agent (Date)

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system	ı, is at	ttached to the	e site only by qu	uick disco	nnect type utilities	s and security de	evices and has	system, is attached to the site only by quick disconnect type utilities and security devices and has no permanently attached additions).	ached adc	litions).	
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